

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER

Touch Of Love AFH, LLC provider/owner Megan Rolly

LICENSE NUMBER

752428

NOTE: The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

Table of Contents

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

It is our intention here at Touch Of Love AFH to work with the families and residents to create a long-lasting, happy relationship.

2. INITIAL LICENSING DATE

07/08/2013

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

NONE

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

2627 W Texas st Moses Lake WA 98837

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other:

Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

we provide eating assistance from cuing and monitoring to total assistance

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

we provide toileting assistance from cuing and monitoring to total assistance

3. WALKING

If needed, the home may provide assistance with walking as follows:

we provide walking assistance from cuing and monitoring to one or two person assist

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

cuing, one to two person assist, hoist or sit to stand lift

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

cuing, monitoring, one to two person assist

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

cuing, monitoring, set up, to total assist

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

cuing, monitoring, set up, total assist

8. BATHING

If needed, the home may provide assistance with bathing as follows:

cuing, monitoring, set up to total assist

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Touch Of Love staff strongly encourage residents to be as independent as possible to help maintain their quality of life

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

cuing, monitoring, set up, to total assistance and administration

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Any medication that needs administered will be approved by a nurse delegator.

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

We provide all SN service except injections other than insulin, sterile procedures,

The home has the ability to provide the following skilled nursing services by delegation:

administration of medication, non-sterile dressing, catheterization w/clean technique, B/S monitoring

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Hospice, Home Health or a private nurse can be contracted with to provide the non delegated tasks

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☐ Developmental disabilities
☒ Mental illness
☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☐ The provider lives in the home.
☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
☒ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☒ Registered nurse, days and times: **On call**
☐ Licensed practical nurse, days and times: _____
☒ Certified nursing assistant or long term care workers, days and times: **24/7**
☐ Awake staff at night
☐ Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

English/Spanish

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Accommodation's are made for all religions and specialized diet for particular religions.

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

- ☐ The home is a private pay facility and does not accept Medicaid payments.
- ☒ The home will accept Medicaid payments under the following conditions:

Medicaid is always accepted with no conditions

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

Bingo, BBQ's, puzzles, card games, board games, painting, movie night, ice cream hour, sit to be fit.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We let our residents chose there daily activity by voting.